

# St. Bride's Ski Trip 2017



Fishing for  
information

## Parent's Form

Name as on passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiry Date (day/month/year) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Medical details:

Allergies: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Medical History or Pre-existing conditions: \_\_\_\_\_

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Weeks skied on snow: Please tick one box.

Never [ ]      1 week [ ]      2 weeks [ ]      3 weeks or more [ ]

Height: \_\_\_\_\_m      Shoe size \_\_\_\_\_      Weight \_\_\_\_\_kg

Did you pay by post-dated cheques?      Yes [ ]      No [ ]

Do you have a current European Health Insurance Card?      Yes [ ]      No [ ]

Please tick one

(N.B. If you do not have a European Health Insurance Card it can be obtained at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers)).

Please return this information to your class teacher or Mr Murray ASAP

Many Thanks

St. Bride's Ski Team